



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
DIVISION OF PAROLE AND PROBATION
SUPERVISION SUMMARY

Informative Report

Circuit Court for Baltimore City

109210015;

109210016

DIXON, SHEILA

Name

Authority

Authority Number

12/27/1953

F AF-AM

Standard

SWEENEY

DOB

Sex/Race

Level of Supervision

Judge

PERJURY

CRIMINAL PROC OTHER

Offense(s)

PROBATION BEFORE JUDGMENT-4 YEARD

Sentence(s)

02/04/2014

02/04/2010

02/04/2010

02/04/2010 to 09/25/2012

Expiration

Date Sentenced

Paroled/Released

Period Covered by Report

RESIDENCE

6 WINNANS WAY BALTIMORE MD 21229

Address

EMPLOYMENT

UNKNOWN

Employer

Salary

Address

Comments and Recommendations

This matter is in reference to the Request for Guidance dated 3/12/10, where the Courts guidance was requested on whether the two non profit organizations designated by Ms. Dixon to receive the charitable donation was acceptable. In the courts response, all parties were in agreement that the two organizations meet the terms of the plea agreement.

The purpose of this report is to request action. Ms. Dixon has failed to make monthly payments in accordance with her payment plan. As of this date, 9/21/12, Ms. Dixon has paid a total of \$18,000.00 of the \$45,000.00 charitable donation ordered by the court. Thus far, the following payments have been posted; \$5,000.00 on 9/15/10; \$10,000.00 on 12/28/10 and payments of \$1,000.000 on 10/26/11, 11/29/11 and 1/11/12. Essentially, Ms. Dixon's failure to make payments in accordance with her payment plan has resulted in her being in arrears of \$12,600.00. Ms. Dixon has been notified in writing on several occasions to make monthly payments in accordance with her payment plan.

At this time, whatever action the court deems appropriate is being recommended.

NAME DIXON, SHEILA

DPP#: 1767177

SID#: 66702

Approved:

10/25/12

Name Page, Thomas A

Date

Title Field Supervisor I

Address 4750 Mt. Hope Drive

City Baltimore

State MD

Zip 21215

Phone 410-764-5822

Name Harrison, Lenora C.

Date

Title Agent Senior

Address 4750 Mt. Hope Drive

City Baltimore

State MD

Zip 21215

Phone 410-764-5858

Original

☒ Court

☐ MPC

Copy:

☒ State's Attorney

☒ File

Name DIXON, SHEILA

DPP#: 1767177

SID#: 66702

STATEMENT OF CHARGES

It is alleged that the subject of this report has violated the following conditions of supervision:

Condition #10: Pay all fines, costs, restitution, and fees as ordered by the Court

Ms. Dixon has failed to make monthly payments in accordance with her payment plan. As of this date, 9/21/12, Ms. Dixon has paid a total of \$18,000.00 of the \$45,000.00 charitable donation ordered by the court. Thus far, the following payments have been posted; \$5,000.00 on 9/15/10; \$10,000.00 on 12/28/10 and payments of \$1,000.000 on 10/26/11, 11/29/11 and 1/11/12. Ms. Dixon's failure to make payments in accordance with her payment plan has resulted in her being in arrears of \$12, 600.00 .

"I solemnly affirm under the penalties of perjury that contents of this report are true to the best of my knowledge, information and belief."

Approved:

TCF 9-28-12

Lenora Harrison 9/25/12

Name	Page, Thomas A	Date	
Title	Field Supervisor I		
Address	4750 Mt. Hope Drive		
City	Baltimore	State	MD Zip 21215
Phone	410-764-5822		

Name	Harrison, Lenora C.	Date	
Title	Agent Senior		
Address	4750 Mt. Hope Drive		
City	Baltimore	State	MD Zip 21215
Phone	410-764-5858		

NOTICE TO OFFENDER:

If you are released pending the VOP, you are to report to your agent/monitor while your hearing is pending.

OCT 22 2012

AUTHORITY: Circuit Court for Baltimore City

NAME: DIXON, SHEILA

DATE OF REPORT: 09/25/2012

DPP #: 1767177

AUTHORITY #: 109210015; 109210016

COURT ACTION:

- ☐ Warrant signed on: _____
- ☐ Bond/Amount _____ ☐ No Bond.
- ☒ Summons signed on: November 5, 2012
- ☐ No action at this time.
- ☐ Earnings Withhold Order issued on: _____ Copy attached.
- ☐ Report noted, concur with recommendation.
- ☐ Refer collection of restitution and fees to the State Central Collection Unit at case expiration.
- ☐ Fines/costs/attorney fees deemed uncollectible by the Division of Parole and Probation.
- ☐ Comments:

Judge

Date

PAROLE COMMISSION ACTION:

- ☐ Issue Warrant. ☐ MILES only ☐ NCIC
- ☐ Issue Subpoena.
- ☐ Schedule reprimand. Date: _____ Time: _____
- Place: _____
- ☐ No action pending adjudication of charges.
- ☐ Report noted, concur with recommendation
- ☐ Refer collection of restitution and fees to the State Central Collection Unit at case expiration.
- ☐ Close Case Satisfactorily. ☐ Close Case Unsatisfactorily.
- ☐ Comments:

Commissioner

Date

PLEASE RETURN FORM TO:

Name Harrison, Lenora C. Date _____

Title Agent Senior _____

Address 4750 Mt. Hope Drive _____

City Baltimore State MD Zip 21215 _____

Phone 410-764-5858 _____